EXHIBIT C

. Case 06-10725-gwz Doc 8617-3	Entered 07/13/11 14:06:02 Page 2 of 11
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM
Name of Debtor Ca	se Number
USA Commercial Mortgage Company Bi	K-S-06-10725-LBR
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expens arising after the commencement of the case A "request" for payment of al administrative expense may be filed pursuant to 11 U S C § 503	
Name of Creditor and Address 11321241001561 DOBYNE LIVING TRUST C/O ROBERT S DOBYNE & LEAH K DOBYNE TRUSTEE 3416 CANTURA BLUFF AVE NORTH LAS VEGAS NV 89031-3577 Creditor Telephone Number (702) 396-3447	statement giving particulars Check box if you have never received any notices
Last four digits of account or other number by which creditor identifies debt	tor
4 PAGIO FOR CLAMA	Check here or a previously flied claim dated
1 BASIS FOR CLAIM Re Goods sold Personal injury/wrongful death	etiree benefits as defined in 11 U S C § 1114(a)
Sonyoon norformed Traves	ages salaries, and compensation (fill out below) Other claims against service (not for loan balances)
[7] Manage Land	npaid compensation for services performed fromto
	(date) (date) 3 IF COURT JUDGMENT, DATE OBTAINED
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that bes	
See reverse side for important explanations	SECURED CLAIM
UNSECURED NONPRIORITY CLAIM \$237, 179 22	Check this boy if your claim is excured by collatoral (including
Check this box if a) there is no collateral or lien securing your claim or b) your exceeds the value of the property securing it or if c) none or only part of your centitled to priority	r Claim Land
UNSECURED PRIORITY CLAIM	Real Estate Motor Vehicle Other
Check this box if you have an unsecured claim all or part of which is entitled to priority	Value of Collateral \$ unknow1
Amount entitled to priority \$	Amount of arrearage and other charges at time case filed included in
Specify the priority of the claim	secured claim, if any \$ 2, 179.22
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use -11 U S C § 507(a)(7)
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtors business whichever is earlier - 11 U S C § 507(a)(4)	Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) Other Specify applicable paragraph of 11 U S C § 507(a) ()
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ 237, 179, 22 \$ 26 AT TIME CASE FILED (unsecured)	3 7, 179. 2 2 \$ \$ 237, 179. 2 2 (secured) (priority) (Total)
Check this box if claim includes interest or other charges in addition to the pr	incipal amount of the claim Attach itemized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited 7 SUPPORTING DOCUMENTS Attach copies of supporting document running accounts contracts, court judgments, mortgages security agre DOCUMENTS If the documents are not available explain. If the documents	nts. such as promissory notes purchase orders invoices, itemized statements of tements, and evidence of perfection of lien. DO NOT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the filing proof of claim	ng of your claim enclose a stamped self-addressed envelope and copy of this
The original of this completed proof of claim form must be sent by ACCEPTED) so that it is actually received on or before 5 00 pm, pri for each person or entity (including individuals, partnerships, corp governmental units) BY MAIL TO BY BMC Group	evailing Pacific time, on November 13, 2006 USE ONLY
Attn USACM Claims Docketing Center Attr P O Box 911 133	n USACM Claims Docketing Center
	30 East Franklin Avenue Segundo CA 90245 Editor or other person authorized to file
1-9-07 this draim (attach copy of power of attorney,	USA CMC Description Justas Will Will Will Will Will Will Will Wil
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for	r up to 5 years or both 18 US C §§ 152 AND 3571 1072501921

	Diameters on Alexander					
United States Bankruptcy Court	DISTRICT OF Nevada PROOF OF CLAIM	1				
Name of Debtor USA Commercial Mortgage Company	Case Number 06-10725-LBR					
NOTE: This form should not be used to make a claim for an administ of the case. A "request" for payment of an administrative expense ma	trative expense arising after the commencement y be filed pursuant to 11 U.S.C. § 503.					
Name of Creditor (The person or other entity to whom the debtor owes money or property): Donna M. Cangelosi, Trustee of the Donna M. Cangelosi Family Trust	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.					
Name and address where notices should be sent: Donna Cangelosi	Check box if you have never received any notices from the bankruptcy court in this case.					
5860 Lausanne Drive Reno, Nevada 89511 Telephone number: (775) 530-7079	Check box if the address differs from the address on the envelope sent to you by the court.	צ.וא(
Last four digits of account or other number by which creditor identifies debtor:	Check here if this claim amends a previously filed claim, dated: 12/12/06					
1. Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other See Exhibit A	Retiree benefits as defined in 11 U.S.C. § 1114(a) Wages, salaries, and compensation (fill out below) Last four digits of your SS #: Unpaid compensation for services performed from to					
2. Date debt was incurred: March, 2001	3. If court judgment, date obtained:					
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. Unsecured Nonpriority Claim \$ 768,560.86 Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$						
Wages, salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 U.S.C. § 507(a)(4). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)	*Amounts are subject to adjustment on 4/1/07 and every 3 years thereaf					
5. Total Amount of Claim at Time Case Filed:	\$ 768,560.86	_				
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.						
 6. Credits: The amount of all payments on this claim has been making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents orders, invoices, itemized statements of running accounts, contra agreements, and evidence of perfection of lien. DO NOT SEN documents are not available, explain. If the documents are voluing the supporting documents are voluing the supporting documents are voluing the supporting documents. 8. Date-Stamped Copy: To receive an acknowledgment of the final discussed envelope and copy of this proof of claim. Date Sign and print the name and title, if any of the file this claim (attach copy of power of attornaments). 	ents, such as promissory notes, purchase acts, court judgments, mortgages, security D ORIGINAL DOCUMENTS. If the minous, attach a summary. Sing of your claim, enclose a stamped, self- the creditor or other person authorized to	NLY				

The second state	ROOF OF CLAIM	
LICA CHILLES COLL MARCHER CO	Number: -10726-LBR	
NOTE: See Reverse for List of Debtors and Class Numbers. This first should not be used to make a claim for an administrative expense eleing that the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.	Chack box if you per anneance that anyone chan anyone chan anyone chan has filled a proof of claim relating to	
Nome of Creditor and Address: D. Joseph Ducet Trustee of Ducet Tr	your claim. Allach copy of	
BEND NEUROA 89509-6604	from the businestay court or OO MOT FILE THES PROOF O	OF CLAMPOR A CORNOMER THAT IS NOT
1000 4 1000 4 1000 4 1000 4 1000 4 1000 4 1000 4 1000 4 1000 4 1000 4 1000 4 1000 4 1000 4 1000 4 1000 4 1000 4	Check box if this address affers from the address on the affers form the address on the Bunkruptoy Court or BMC, you rount.	do not need to file again.
List test again of sociality or other number by which creditor identifies debto	Check here repleces of the claim of amends	
Goods cold Personal injury/wrongful death Wa	es, salaries, and companiesion (18 out below)	nitted principal claims against servicer for tean balances)
Money loaned Other (describe briefly) Unit SEE EXIBIT A PATACHED	eld compensation for services performed from: (date) IF COURT JUDGMENT, DATE OFTAMED:	to (date)
4. GLASSIFICATION OF GLASS. Check the appropriate box or boxes that been San reverse side for important explanations. LINESCRIPTION DONORPHIORITY CLASM \$ 509 335.71	lead the your claim and state the amount of the down at the time case	
Check this box if: 4) there is no colleteral or tien securing your claim, or b) your allocable the value of the property securing it, or if c) none or only part of your claim problem to property.	Check this box if your claim is secured by colle a right of estoff). Brief description of colleteral:	teral (Including
WHOSE UPING PROGRETY GLASS Great the best if you have an unecouled claim, all or part of which is settline to priority.	Velue of Colleboral: \$ じんだいないい	ther
Amount entitled to priority \$ Specify the priority of the claim; Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	Armount of arrearage and other charges at time cap secured claim, if any: \$13.239.94	
Whighe, selectes, or commissions (up to 810,000)*, sermed within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is surfar - 11 U.S.C. § 507(a)(4).	Services for personal, family, or household use -11 U.S.C. § 50 Touss or pensities dwed to governmental units - 11 U.S.C. § Other - Specify applicable paragraph of 11 U.S.C. § 507(a)*(07(a)(7). 607(a)(8).
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	* Amounts are existent to edjustment on 4/1/07 and every 3 ye with respect to cease commenced on or after the date of edja	ers thereafter strepti.
AT TIME CASE FLED: (unsecured) Check this box if claim includes interest or other charges in addition to the gale	(secured) (priority)	Crotel) cradditional charges.
CREDITS: The amount of all payments on this claim has been credited. SUPPORTING DOCUMENTS: Attach copies of supporting documents. ILINNING accounts, contracts, court judgments, mortgages, security agree.	util deducted for the purpose of making this proof of claim. B. such as promissory notes, purchase orders, involces, iteminants, and evidence of perfection of flen. DO NOT SEND OF	ized eleternents of
DOCUMENTS. If the documents are not available, explain. If the documents of the Mingroul of Indiana. To receive an acknowledgment of the Mingroul of Identity.	of your claim, enclose a stamped, self-addressed envelope a	and copy of this
The original of this completed proof of claim fermi must be sent by a ACCEPTED) so that it is actually received on or belong 5:00 pm, prefer each person or entity (including individuals, partnerships, corporational units).	elling Pacific Unio, on November 13, 2006 rations, Joint xentures, trusts and	PACE FOR COURT USE CHLY
Alth: USACM Ctelms Docketing Center Attn. F.O. Box 911 1330	OF CHARMICHT DELACITY TO: Group USACIT Claims Docketing Center East Friedrick Docketing Center	
DATE SIGN and print the name and title, if any, of the one the claim (attach copy of passay of attorney, if	gundo, CA 90245 hav or after parent authorized to the harm:	

mining for presenting traudulers claim is a line of up to toug door engineering for up to 5 years, or boar. 14 U.S.C. 86 152 Arto 351

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Case 06-10725-gwz Doc 8617		ntered 07/13/11		:06:02
	PRO	OOF OF CLA	łМ	YOUR CLAIM IS SCHEDULED AS
Name of Debtor	Case Nu	ımher		Schedule/Claim ID s31319
	×1		×	Amount/Classification
USA Commercial Mortgage Company	06-107 	725-LBR		\$2 329 94 Unsecured
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else hilled a proof of claim relations.	as ting	The amounts reflected above constitute your claim as
Name of Creditor and Address			ars /e es t or dress on the	scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed. If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.
Creditor Telephone Number ()		court		THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies 395	debtor	Check here Inf this claim	replac or amer	r a previously filed claim dated
1 BASIS FOR CLAIM	Retiree	benefits as defined in 1	1 U S	C § 1114(a) Unremitted principal
Goods sold Personal injury/wrongful death Taxes Money loaned Other (describe briefly)	Last four	salaries and compensar digits of your SS # compensation for service		(not for loan balances)
				(date) (date)
2 DATE DEBT WAS INCURRED		OURT JUDGMENT, D		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	best descri	be your claim and state the	amou	unt of the claim at the time case filed
UNSECURED NONPRIORITY CLAIM \$ 450,000,000 Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property securing it or if c) none or only part of you entitled to promity	our dalm Ir daim Is	a right of seto	ox if yo	rour claim is secured by collateral (including
UNSECURED PRIORITY CLAIM		Brief descript		
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Coll		☐ Motor Vehicle ☐ Other
Amount entitled to priority \$				
Specify the priority of the claim		secured claim, if	age al	and other charges <u>at time case filed</u> included in \$450,000
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000)* earned within 180 days		Up to \$2 225* of deposit	ts towa	ard purchase lease or rental of property or or household use 11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's pusiness whichever is earlier 11 U S C § 507(a)(4)				overnmental units 11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)	L	-	-	agraph of 11 U S C § 507(a) ()
		with respect to cases co	o agjus ommen	stment on 4/1/07 and every 3 years thereafter need on or after the date of adjustryent
5 TOTAL AMOUNT OF CLAIM \$ 45000.00 \$ AT TIME CASE FILED (unsecured)		7,000,00 \$ _		(pnonty) \$ 450,000,00
Check this box if claim includes interest or other charges in addition to the	•	•	ach ite	
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS Attach copies of supporting doce running accounts, contracts, court judgments, mortgages security DOCUMENTS If the documents are not available explain. If the c 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	<i>uments,</i> su agreemen documents	uch as promissory notes ts and evidence of per s are voluminous attact	s pur fection h a su	rchase orders invoices itemized statements of in of lien DO NOT SEND ORIGINAL ummary
The original of this completed proof of claim form must be ser ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, governmental units)	n, prevailli corporatio	ng Pacific time, on No ons, joint ventures, tru	vemb usts a	ber 13, 2006 and
BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 00045 0014	BMC Gro Attn USA 1330 Eas	kĊM Claims Docketing : t Franklin Avenue		IFILED LAN 1 3 2007
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attom	creditor or	do CA 90245 other person authorized to	file A-7	USA CMC
Color House, Ca	V	100 000 10 1		<u> </u>

Case 06-10725-awz Doc 8617-3	3 Ente	ered 07/13/11 14 ⁻ 0	06:02 Pag	e 6 of 11
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		OF OF CLAIM		
Name of Debtor	Case Num	ber		
USA Commercial Mortgage Company	06-1072	5I BR		
Sort commercial mortgage company	00-1012	O LDIK		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative experience arising after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503	fan a	Check box if you are aware that anyone else has illed a proof of claim relating o your claim. Attach copy of		Y OWED MONEY BY A BORROWER BEING SERVICED BY THE
Name of Creditor and Address	S S S S S S S S S S S S S S S S S S S	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court	DEBTORS YOU D OF CLAIM THIS BORROWER HEL DO NOT FILE THI SECURED INTER ONE OF THE DEE If you have alre Bankruptcy Court of	O <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT D IN THE COLLECTION ACCOUNT S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT
Last four digits of account or other number by which creditor identifies de	ebtor	Check here	200	
7005		If this claim replace	a previousiy	filed claim dated
4 DACIC FOR CLAIM	Retired has	nefits as defined in 11 U S		[] Upromitted assessed
Goods sold Personal injury/wrongful death Services performed Taxes	Wages sa Last four d	laries and compensation (figits of your SS #	ill out below)	Unremitted principal Other claims against service (not for loan balances)
	Oripaid Col	mpensation for services per	ioinied iroin	to
2 DATE DEBT WAS INCURRED Aug 2005 — Dec 2006 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that be		URT JUDGMENT, DATE O		(date) (date)
See reverse side for important explanations		SECURED CLAIM		o amo odoo mod
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) you exceeds the value of the property securing it or if c) none or only part of your entitled to priority	our claim ur claim is			ed by collateral (including
UNSECURED PRIORITY CLAIM				П
Check this box if you have an unsecured claim all or part of which is		Real Estate		Other
entitled to priority Amount entitled to priority \$		Value of Collateral	\$	
		Amount of arrearage an secured claim if any	d other charges	at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)				-
Wages salaries or commissions (up to \$10 000)* earned within 180 days		Up to \$2 225* of deposits towa services for personal family or	rd purchase lease r household use -11	or rental of property or USC § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)		Taxes or penalties owed to gov		- ' ' ' '
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other - Specify applicable para		
The second to an employee belief plan 17000 g 507 (a)(b)		* Amounts are subject to adjus with respect to cases commend	tment on 4/1/07 and	l every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$	216,2		out on the tale	\$
AT TIME CASE FILED (unsecured)	•	ured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	principal an	nount of the claim Attach iter	nized statement of	all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credit				·
7 SUPPORTING DOCUMENTS Attach copies of supporting documents running accounts contracts court judgments, mortgages security age DOCUMENTS If the documents are not available explain. If the documents are not available explain.	<u>nents,</u> such	as promissory notes purc	hase orders invo	ices itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the f proof of claim	filing of you	ır claım enclose a stamped	self-addressed	envelope and copy of this
The original of this completed proof of claim form must be sent be ACCEPTED) so that it is actually received on or before 5 00 pm, proof or each person or entity (including individuals, partnerships, congovernmental units) BY MAIL TO	prevailing rporations	Pacific time, on Novembe	r 13 2006	THIS SPACE FOR COURT USE ONLY
BMC Group Attn USACM Claims Docketing Center P O Box 911 1:	Attn USAC	M Claims Docketing Center ranklin Avenue	Section 1	ILED JAN 08 2007
DATE SIGN and print the name and title if any of the c	creditor or ot			
this claim (attach copy of power of attorney	y if any)	1 110		
24 Dec 2006 - 16 fai	4			USA CMC
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment	for up to 5 ye	ears or both 18USC §§ 1	52 AND 3571	1072501884

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UNITED STATES BANKARPTE Y COURTS AND DESTRUCTION DE NEVADA (1986)	PRO	OF OF CLAIM	√2 Page /	OI II-	
Name of Debtor	Case Nu	ımber			
USA COMMERCIAL MONTGAGE	6 B-K-	5-06 107 25-15	,		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrat arising after the commencement of the case A "request" for pa administrative expense may be filed pursuant to 11 U S C § 503	yment of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of			
Name of Creditor and Address 11321241 DIONISIO A FERNANDES MD AND FIOLA FER 4001 OAK MANOR CT HAYWARD CA 94542-1445	RNANDES	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court	SECURED INTER ONE OF THE DEI If you have aire Bankruptcy Court	IIS PROOF OF CLA REST IN A BORRO BTORS eady filed a proof of or BMC you do not EE IS FOR COUR	WER THAT IS NO f claim with the t need to file again
Creditor Telephone Number () 5/0 537-070 Last four digits of account or other number by which creditor ide				E IS FOR COOR	T USE ONLY
7194		Check here replace or f this claim arner	a previously	filed claim dated	
1 BASIS FOR CLAIM		benefits as defined in 11 U S	C § 1114(a)	☐ Unremitted	principal
Goods sold Personal injury/wrongful death	wages,	salaries, and compensation (fill out below)	Other claim (not for loar	s against service
☐ Services performed ☐ Taxes ☐ Other (describe briefly)		r digits of your SS #	formed from		i balances/
	Onpaid	compensation for services pe	nonned from	(date)	(date)
2 DATE DEBT WAS INCURRED (1/0 5, 2/05 9/05,	2/06/0/3 IF C	OURT JUDGMENT, DATE O	BTAINED	(44.0)	
4 CLASSIFICATION OF CLAIM Check the appropriate box or bo See reverse side for important explanations	exes that best desc	ribe your claim and state the amo	unt of the claim at t	he time case filed	
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM			
Check this box if a) there is no collateral or lien securing your clair exceeds the value of the property securing it or if c) none or only p entitled to priority		a right of setoff)		red by collateral (including
UNSECURED PRIORITY CLAIM		Brief description of		□ 1 ou	
Check this box if you have an unsecured claim all or part of which	IS	Real Estate		e ∐ Other Known al	H: 7
entitled to priority Amount entitled to priority		Value of Collateral			1
Specify the priority of the claim		Amount of arrearage ar secured claim, if any	to other charges	6 46 9 -	g included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)	(1)(B)	Up to \$2 225* of deposits toward	ard purchase lease	or rental of proper	rtv or
Wages salaries or commissions (up to \$10 000)* earned within 1 before filing of the bankruptcy petition or cessation of the debtor's	80 days	services for personal family of Taxes or penalties owed to go			[
business whichever is earlier 11 U S C § 507(a)(4)	Ē	Other - Specify applicable para			
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		* Amounts are subject to adjust with respect to cases commen			
5 TOTAL AMOUNT OF CLAIM \$	\$ 24	464692\$ -	-	\$ 244	14192
AT TIME CASE FILED (unsecured)	•	secured)	(prionty)	4444.92	(Total)
Check this box if claim includes interest or other charges in addit GCREDITS. The amount of all payments on this claim has be					litional charges
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting</u> running accounts, contracts, court judgments mortgages se	na documents, security agreemen	uch as promissory notes, pure ts, and evidence of perfection	chase orders, inve	oices itemized st	tatements of AL
DOCUMENTS If the documents are not available, explain 8 DATE-STAMPED COPY To receive an acknowledgment proof of claim			-	envelope and co	ppy of this
The original of this completed proof of claim form must ACCEPTED) so that it is actually received on or before 5 for each person or entity (including individuals, partners governmental units)	00 pm, prevaili hips, corporation	ng Pacific time, on Novembons, joint ventures, trusts ar	er 13, 2006 nd		FOR COURT ONLY
BY MAIL TO BMC Group	BMC Gro		רוו כלו	OCT 10	2006
Attn USACM Claims Docketing Center P O Box 911		ACM Claims Docketing Cente st Franklin Avenue	r FILE	JUOLIE	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
El Segundo CA 90245-0911	El Segun	do CA 90245		USA :	
DATE SIGN and print the name and title if a the plaim (attach copy of power	of attorney if any)	news		107250	
1000 DIONISIO TE	nnmore	7 HOLA-CFE	MARKET		

Case 06-10725-gwz Doc 8617	PRO	of OF CLAIM	6:02 Pag	e 8 of 11
		o. o. o		
Name of Debtor	Case Nun	nber		
USA Commercial Mortgage Company	06-1072	25-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503	of an	Check box if you are aware that anyone else has filed a proof of claim relating		LY OWED MONEY BY A BORROWER
Name of Creditor and Address GLADSTONE-KATZ, GALE 1320 NORTH STREET #29 SANTA ROSA CA 95404	73	to your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the	DEBTORS YOU I OF CLAIM THIS BORROWER HE DO NOT FILE TH SECURED INTER ONE OF THE DE	B BEING SERVICED BY THE DO MOT HAVE TO FILE A PROOF I INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS eady filed a proof of claim with the
CALE GLADSTONE-KATZREVUCABLE TO Creditor Telephone Number (10)-571-2012	RUST	envelope sent to you by the court.	Bankruptcy Court	or BMC you do not need to file again
Last four digits of account or other number by which creditor identifies	debtor	Check here replace or if this claim ameni	es a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree be	enefits as defined in 11 U S		Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes] Wages, sa	elaries, and compensation (fi		Other claims against servicer (not for loan balances)
Money loaned		mpensation for services per	formed from	to
2. DATE DEBT WAS INCURRED /2-/6-2002	3 IE CO	URT JUDGMENT, DATE O	RTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	t best describe	e your claim and state the amou	nt of the claim at t	he time case filed.
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$ 6.77 0.79	_	SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it, or if c) none or only part of your	your claim our claim is	Check this box if yo a right of setoff)	ur claim is secui	red by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	collateral	
Check this box if you have an unsecured claim all or part of which is		Real Estate		
entitled to pnority Amount entitled to pnority \$		Value of Collateral	-	NOWN
Specify the priority of the claim		Amount of arrearage an secured claim, if any \$	d other charges	at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits towar	d purchase lease	or rental of property or
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		services for personal family or Taxes or penalties owed to gov		. , , ,
business whichever is earlier - 11 U S C § 507(a)(4) Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other - Specify applicable para		
2 Serial State of Company of State of Part 170 30 g 307(a)(3)		* Amounts are subject to adjust with respect to cases commend	ment on 4/1/07 and the control of th	d every 3 years thereafter date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ 617.059.05 \$	677,05	9.05 \$		\$677,059.05
(unsecured) Check this box if claim includes interest or other charges in addition to th	•	cured) mount of the claim Attach item	(priority) Nized statement o	(Total) f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , running accounts, contracts, court judgments, mortgages, security a DOCUMENTS If the documents are not available, explain. If the documents are not available.	<i>iments,</i> such	h as promissory notes purch	nase orders, inve	nes itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of you	ur claim enclose a stamped,	self-addressed	envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, c governmental units)	. prevailing	Pacific time on November	- 13 200E	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group	BY HAND OF BMC Group	R OVERNIGHT DELIVERY TO		USA CMC
Attn USACM Claims Docketing Center P O Box 911	Attn USAC 1330 East F	M Claims Docketing Center Franklin Avenue	I	1072502277
DATE SIGN and print the name and title if any of the	El Segundo e creditor oco	ther person authorized to file		FILED IAN 4 A
1/10/2007 this claim (attach copy of power of attorn	ney if anys.	EGLADOTENE-	LOTT	FILED JAN 12 20

Penalty for presenting fraudulent claim is the stup to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

Case 06-10725-q	wz Doc 8617-3 Er	stered 07/13/11 14:0)6·02 Page 9 of 11
- Case 00 10125 g		OOF OF CLAIM	0.02
Name of Debtor Case Number		umber	
USIA Commencial Monte	SHAGE CO BK.	5-06-10725LBR	
NOTE See Reverse for List of Debtors and Ca This form should not be used to make a claim for arising after the commencement of the case A administrative expense may be filed pursuant to	or an administrative expense "request" for payment of an	Check box if you are aware that anyone else has filed a proof of claim relating	REC'D SEP 2 5 2006
Name of Creditor and Address: GLENN & CARRIE DONAHUE TRUST DATED 4/30/94 C/O GLENN M DONAHUE AND 39 BRIDGEPORT RD NEWPORT BEACH CA 92657- Creditor Telephone Number (4/9) 79 5 1	CARRIE DONAHUE TRUSTEE	to your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court.	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NO ONE OF THE DEBTORS If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by w		-Chack hara - T replac	res
7158		rf this claim amen	a acquiouchy filad alaym datad
1 BASIS FOR CLAIM	Retiree	benefits as defined in 11 U S	
Goods sold Personal injur	v/wrongful death	salanes, and compensation (
Services performed Taxes		r digits of your SS #	(not for loan balances)
Money loaned Other (descril	b	compensation for services per	rformed from to
2 DATE DEBT WAS INCURRED 3-1-	O(a 3 E C	OURT JUDGMENT, DATE O	(date) (date)
4 CLASSIFICATION OF CLAIM Check the app			
See reverse side for important explanations		SECURED CLAIM	
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien a	securing your claim, or h) your claim	Check this box if yo	our claim is secured by collateral (including
exceeds the value of the property securing it, or i	f c) none or only part of your claim is	a nght of setoff)	
UNSECURED PRIORITY CLAIM		Brief description of	
Check this box if you have an unsecured claim, a	If or part of which is	Real Estate	
entitled to priority		Value of Collateral	· 125 MILLIONS
Amount entitled to priority \$	riante della collega collega con communicación de despação	Amount of arrearage an	nd other charges at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C § §	507/eV4VA) or (eV4VP)		
Wages, salaries or commissions (up to \$10,000)	* earned within 180 days	Up to \$2,225" of deposits towa services for personal family or	rd purchase, lease, or rental of property or r household use -11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation business, whichever is earlier - 11 USC § 507(n of the debtor's		vernmental units - 11 U S C § 507(a)(8)
Contributions to an employee benefit plan - 11 U			agraph of 11 U S C § 507(a) ()
Samuel of the same	3 C 9 307(a)(3)	* Amounts are subject to adjus with respect to cases comment	tment on 4/1/07 and every 3 years thereafter cad on or after the date of adjustment.
5 TOTAL AMOUNT OF CLAIM \$	\$ 190	8,08 \$	\$
	-	ecured)	(pnonty) (Total)
Check this box if claim includes interest or other	charges in addition to the principal	amount of the claim Attach item	nized statement of all interest or additional charges
6 CREDITS: The amount of all payments on the SUPPORTING DOCUMENTS Attach contracts, court judgments DOCUMENTS if the documents are not available.	nes of supporting documents, su mortgages, security agreement	ich as promissory notes, purc	hase orders, invoices, itemized statements of
8 DATE-STAMPED COPY To receive an proof of claim	acknowledgment of the filing of y	our claim, enclose a stamped	l, self-addressed envelope and copy of this
The original of this completed proof of cla ACCEPTED) so that it is actually received for each person or entity (including individ governmental units) BY MAIL TO-	on or before 5:00 pm, prevailin luals, partnerships, corporation	a Pacific time on Novembe	113 2006 HEE ONLY
BMC Group Attn USACM Claims Docketing Center P O Box 911	Attn USA	CM Claims Docketing Center	alada
El Segundo, CA 90245-0911		Franklin Avenue Io, CA 90245	141251200@
DATE SIGN and print the na	ame and title, if any, of the creditor or ch copy of power of attorney if arly)	other person authorized to file	
9-21-04 Let gua	THUSTER)	THE CARE	10 11 11 11 10 10 10 10 10 mm
Penalty for presenting fraudulent claim is a fine of up to		ivears or both 18USC 661	52 AND 3571 1072500220

FORM B10 (Official Form 10) (10/05)

UNITED STAILS BANKRUPICY COURT	District Of Nevada	
Name of Dubtor USA Commercial Mortgage Company	PROOF OF CLAIM	
NOTH This form should not be used to make a claim for an administrative expense ma		
Name of Creditor (The person or other entity to whom the debtor owes money or property) James Paul Goode IRA C/O First Savings Bank Custodian Name and address where notices should be sent James Paul Goode 401 Puuhale Road	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court in this case.	
Honolulu Hi 96819 Telephone number 808-479-0627	Check box if the address differs from the address on the envelope sent to you by the court	THIS STACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here replaces If this claim amends a previously filed of	claim dated
1 Basis for Claim Goods sold Services performed ✓ Money loaned Personal injury/wrongful death Taxes ✓ Other	Retiree benefits as defined in 11 Wages salaries and compensation Last four digits of your SS # Unpaid compensation for service fromto_ (date)	on (fill out below) es performed
2 Date debt was incurred 1/1/2001	3 If court judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes if See reverse side for important explanations Unsecured Nonpriority Claim \$ 173,334.75 ✓ Check this box if a) there is no collateral or lien securing you be jour claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority Unsecured Priority Claim Chick this box if you have an unsecured claim all or part of entitled to priority Amount entitled to priority \$ Specify the priority of the claim Domestic support obligations under 11 U S C \$ 507(a)(1)(A) (a)(1)(B) Wages salaries or commissions (up to \$10,000) * earned with days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier 11 U S C \$ 507(a)(4) Contributions to an employee benefit plan - 11 U S C \$ 507(a)	Secured Claim The claim or none or Check this box if your claim is a right of setoff) Brief Description of Collateral Real Estate Motor Ve Value of Collateral \$ Unkr Amount of arrearage and other charge secured claim if any \$ 1,665 25 Up to \$2 225* of deposits toward purch or services for personal family or hous \$ 507(a)(7) Taxes or penalties owed to governmental or in 180 Other - Specify applicable paragraph of *Amounts are subject to adjustment on 4/1/0	chicle Other————————————————————————————————————
5 Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in ad interest or additional charges	\$ 173,334 75 173,334 75 (unsecured) (secured) (pridition to the principal amount of the claim. Attach	173,334 75 nority) (Total) itemized statement of all
6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts count agreements and evidence of perfection of lien DO NOT SEN documents are not available explain. If the documents are voluments are not available explain. If the documents are voluments are not available explain if the document of the final difference of the support of the final difference of the support of	the creditor or other person authorized to	HIS SPACE IS FOR COURT USE ONLY LED JAN 10 200 USA CMC

1072501972

AUNITED STATES BANKACOTON COURTS DISTRICT OF NEVACA	-3PRC	OF OF CLAIM	YOUR CLA	AIM IS SCHEDULED AS
	Case Nu	mbor	Schedule/Claim ID	
Name of Debtor			Amount/Classificat	tion
USA Commercial Mortgage Company	06-107	'25-LBR	\$3 494 91 Unsecu	red
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A request for payment administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address GREGORY J WALCH AND SHAUNA M WALCH FAMILY TRUST DATED 11/12/04 C/O GREGORY J WALCH TRUSTEE 344 DOE RUN CIR	of an	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case	scheduled by the D you agree with the other claim against this proof of claim E If the amounts sho	eted above constitute your claim as ebtor or pursuant to a filed claim. If amounts set forth herein and have no the Debtor you do not need to file EXCEPT as stated below own above are listed as Contingent, sputed, a proof of claim must be
HENDERSON, NV 89012-2704		Check box if this address differs from the address on the envelope sent to you by the	Bankruptcy Court of	ady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (702) 860 - 07 49		court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here replain or amer	. a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages :	salaries and compensation ((fill out below)	☑ Other claims against servicer
Services performed Taxes	Last four	digits of your SS #		(not for loan balances) breaches of service
Money loaned to Other (describe briefly) 3d parties	Unpaid o	compensation for services pe	rformed from	(date) to squeepier
2 DATE DEBT WAS INCURRED See attached schedule	3 IF C	OURT JUDGMENT, DATE O	BTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	best describ	pe your claim and state the amou	nt of the claim at the	time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property securing it or if c) none or only part of you entitled to priority	our claim Ir claim is	Check this box if you a right of setoff) Brief description of		red by collateral (including
UNSECURED PRIORITY CLAIM		Real Estate		Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral		
Amount entitled to priority \$				at time case filed included in
Specify the priority of the claim		secured claim if any	\$	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toware services for personal family of		
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's	С	Taxes or penalties owed to go		,
business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable para Amounts are subject to adjust with respect to cases commen	stment on 4/1/07 and	l every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$	500,0			\$
AT TIME CASE FILED ** Sec schedulo (unsecured)	e	secured)	(pnonty)	(Total)
Check this box if claim includes interest or other charges in addition to the	he principal	amount of the claim Attach ite	emized statement o	f all interest or additional charges
CREDITS The amount of all payments on this claim has been cre SUPPORTING DOCUMENTS Attach copies of supporting documenting accounts, contracts, court judgments, mortgages, security DOCUMENTS If the documents are not available, explain If the DATE-STAMPED COPY To receive an acknowledgment of the proof of claim.	<u>uments,</u> su agreemen documents	uch as promissory notes pur ts, and evidence of perfectio s are voluminous attach a su	chase orders inv n of lien DO NC ummary	oices, itemized statements of T SEND ORIGINAL
The original of this completed proof of claim form must be set ACCEPTED) so that it is actually received on or before 5 00 ph for each person or entity (including individuals, partnerships, governmental units) BY MAIL TO	n, prevaili corporatio	ng Pacific time, on Noveml	ber 13, 2006 and	THIS SPACE FOR COURT USE ONLY
BMC Group Attn USACM Claims Docketing Center P O Box 911	BMC Gro Attn USA 1330 Eas	up ACM Claims Docketing Cente it Franklin Avenue		LED OCT 3 1 2006
El Segundo CA 90245 0911 DATE SIGN and print the name and title if any of the		do CA 90245 other person authorized to file	······································	USA CMC
10/30/06 this claim attach copy of power of attorn	ney if any)	regorn J. Walch	Trustee	1072500868